



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKET INFORMATION AND OUTREACH
AGRICULTURE DEVELOPMENT FUND
2004 MISSOURI AGRIBUSINESS ACADEMY APPLICATION

FOR OFFICE USE ONLY

APPLICANT NO.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN FEBRUARY 2, 2004.

PLEASE TYPE OR PRINT

NAME (LAST, FIRST, MIDDLE)

ADDRESS

CITY

STATE

ZIP

HOME PHONE

SOCIAL SECURITY NUMBER

COUNTY

NAME OF PARENTS

NAME AND ADDRESS OF HIGH SCHOOL

PHONE NUMBER

NAME OF HIGH SCHOOL COUNSELOR

NAME OF HIGH SCHOOL PRINCIPAL

ARE YOU CURRENTLY ENROLLED IN VO-AG? ☐ YES ☐ NO

NAME OF VO-AG INSTRUCTOR/CHAPTER NAME

ARE YOU CURRENTLY A 4-H MEMBER? ☐ YES ☐ NO

NAME OF 4-H YOUTH SPECIALIST/4-H CLUB

ELIGIBILITY CRITERIA: Selected students must be high school sophomores, and an active member of a 4-H club, FFA chapter or from a Missouri farm family.

MISSOURI AGRIBUSINESS ACADEMY STUDENT PARTICIPATION AGREEMENT:

If selected to participate in the Missouri Agribusiness Academy, I hereby agree to adhere to all rules and guidelines as established. The rules and regulations are as follows:

1. I agree not to use or possess any alcoholic beverages during the Academy functions.
2. I understand and agree that no personal vehicles will be driven by me while at Missouri Agribusiness Academy functions.
3. I agree to actively participate in the meetings, group discussions and tours.
4. I agree to dress and conduct myself in a manner which reflects credit to myself, my family, my school and agriculture.
5. I agree to adhere to established time schedules. Example: arrivals, departures, meetings, wake-ups and lights out.
6. I agree to complete all work assigned in conjunction with the Missouri Agribusiness Academy.
7. I agree to be compassionate to fellow participants and to aid in the unity of the Missouri Agribusiness Academy.
8. I agree that, upon completion of the Missouri Agribusiness Academy, I will help promote the Academy by presenting programs to my classmates, area FFA chapters, 4-H clubs and other civic groups as my work and school schedules permit.
9. I certify I am a high school sophomore, am active in a 4-H club, FFA chapter or from a Missouri farm family.

ARE YOU RELATED TO A MISSOURI DEPARTMENT OF AGRICULTURE EMPLOYEE?

☐ YES ☐ NO

IF SO, HOW ARE YOU RELATED?

FAILURE TO ABIDE BY THESE RULES WILL RESULT IN UNSATISFACTORY COMPLETION OF THE ACADEMY WITH OFFICIAL NOTIFICATION GOING TO YOUR PARENTS AND HIGH SCHOOL PRINCIPAL.

NAME

DATE

SIGNATURE

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I. Indicate your past and current membership and offices held in organizations including high school, agricultural, community, church and youth groups.

ORGANIZATION	LENGTH OF MEMBERSHIP (INCLUDE DATES)	OFFICE HELD (INCLUDE DATES)

II. List awards and honors you have received.

ORGANIZATION/GRANTOR	AWARD/HONOR	DATE

III. Briefly describe the family farming operation and include size, type of farm, number of family members in addition to yourself, your specific responsibilities and any enterprises you have in addition to the family farm. If you are not from a family farm, please describe your FFA or 4-H project and your project responsibilities.

IV. What additional responsibilities do you currently have or have you had in previous years other than the family farm?

V. What are your educational and vocational goals? You might include what your plans and aspirations are for the future.

VI. Why would you like to participate in the Missouri Agribusiness Academy?

VII. **To be completed by high school counselor or principal.** Please list student's classes and semester grades from high school transcript.

9TH GRADE				10TH GRADE	
1st Semester		2nd Semester		1st Semester	

Student Ranks _____ in the class of _____ students after _____ semesters.

NUMBER
 NUMBER
 NUMBER

I certify that the applicant is a high school sophomore and consent to and support their participation in the Missouri Department of Agriculture's Missouri Agribusiness Academy.

NAME/TITLE	NAME OF SCHOOL
SIGNATURE	DATE

MISSOURI AGRIBUSINESS ACADEMY RELEASE

WHEREAS, the Missouri Department of Agriculture, Agriculture Business Development and Market Information and Outreach Divisions sponsor the Missouri Agribusiness Academy for selected high school sophomores.

WHEREAS, the undersigned desires to participate and engage in the Missouri Agribusiness Academy.

WHEREAS, I/we hereby consent to and support his/her participation in the Missouri Agribusiness Academy. I/we understand that he/she will be required to travel to and from Jefferson City, Missouri, to attend the Springfield tour on June 7 - 11, 2004, and travel to the annual Governor's Conference on Agriculture at his/her expense.

THEREFORE, in consideration of allowing said student to participate and engage in the Missouri Agribusiness Academy with the Missouri Department of Agriculture, I/we the undersigned fully realizing the possible results of said participation, either directly or indirectly, nevertheless, do release and forever discharge the Missouri Department of Agriculture, its Director, employees and designated chaperones, from all damages or causes of action either at law or equity, which I/we may have or acquire, or which may accrue to me/him/her, my/his/her heirs, administrators, executors or assigns, as a result of participation in the Missouri Agribusiness Academy.

I/we intend this to be a complete release and discharge and I/we intend hereby to release and forever discharge said person, and the Missouri Department of Agriculture, from all liability whatsoever. It is clearly understood by all parties to this instrument that no representations have been made to me/us regarding the safety of participants of the Missouri Agribusiness Academy. Furthermore, I/we do hereby expressly stipulate and agree in consideration of the right to participate in such program and hold forever harmless the Missouri Department of Agriculture, its Director, employees and designated chaperones and its/their successors and assigns, heirs, executors and administrators, against loss from any and all claims that may arise from participation in the Missouri Agribusiness Academy.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand(s) this _____ day of

MONTH

YEAR

STUDENT'S SIGNATURE

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

LEGAL GUARDIAN (IF APPLICABLE) SIGNATURE

RETURN COMPLETED APPLICATION ALONG WITH 3 RECOMMENDATIONS TO:

Missouri Department of Agriculture
Division of Market Information and Outreach - ADF
P.O. Box 630
Jefferson City, Missouri 65102
Phone: (573) 751-5618

Visit our web site at www.mda.mo.gov for additional applications.

Hearing impaired Missourians can contact the department through Relay Missouri 1-800-735-2966 (TT/TDD)

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